

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR REISSUE APPLICATION**

As a below named inventor, I hereby declare that

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: MULTIDIRECTIONAL ADAPTABLE VERTEBRAL OSTEOSYNTHESIS DEVICE WITH REDUCED SPACE REQUIREMENT, the specification of which is attached hereto, and which corresponds to U.S. Patent No. 6,267,765, which issued from original application 09/445,176.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I believe the original patent to be wholly or partly inoperative or invalid by reason of claiming more or less than I had the right to claim in the patent, the errors relied upon as a basis for reissue being the failure of counsel for the original applicant to appreciate that claim 1 as issued was unnecessarily narrow by virtue of the recitation of the difference between the respective centers of rotation of the ball and the cup in the recited device, as well as the fact that such difference is not disclosed by the application whose priority is claimed by the original patent.

All errors being corrected in this reissue application up to the time of filing of this declaration arose without any deceptive intention on the part of the applicant.

POWER OF ATTORNEY

The undersigned hereby authorizes the U.S. attorney or agent named herein to accept and follow instructions from my French attorney as to any action to be taken in the Patent and Trademark Office regarding this application without direct communication between the U.S. attorney or agent and the undersigned. In the event of a change in the persons from whom instructions may be taken, the U.S. attorney or agent named herein will be so notified by the undersigned.

As a named inventor, I hereby appoint the registered patent attorneys represented by Customer No. 00466 to prosecute this application and transact all business in the Patent and Trademark Office connected therewith, including: Robert J. PATCH, Reg. No. 17,355, Andrew J. PATCH, Reg. No. 32,925, Robert F. HARGEST, Reg. No. 25,590, Ben it CASTEL, Reg. No. 35,041, Thomas W. PERKINS, Reg. No. 33,027, Roland E. LONG, Jr., Reg. No. 41,949, and Eric JENSEN, Reg. No. 37,855,

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Arlington, Virginia 22202

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PATENT TRADEMARK OFFICE

Address all telephone calls to Young & Thompson at 703/621-2297. Telefax: 703/685-0573.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor: Jean TAYLOR

Inventor's signature: JT. JEAN TAYLOR Date: July 25, 2003

Residence: _____ Citizenship: _____

Post Office Address: _____

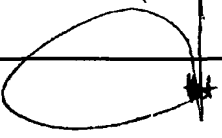
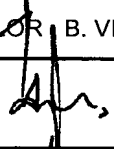
Full name of second joint inventor, if any: Bernard VILLARET

Inventor's signature: Bernard Villaret Date: July 24, 2003

Residence: _____ Citizenship: _____

Post Office Address: _____

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION: CONSENT OF ASSIGNEE; STATEMENT OF NON-ASSIGNMENT		Docket Number (Optional) 0573-1004-1
This is part of the application for a reissue patent based on the original patent identified below.		
Name of Patentee(s) Jean TAYLOR and Bernard VILLARET		
Patent Number 6,267,765	Date Patent Issued July 31, 2001	
Title of Invention MULTIDIRECTIONAL ADAPTABLE VERTEBRAL OSTEOSYNTHESIS DEVICE WITH REDUCED SPACE REQUIREMENT		
<p>1. <input type="checkbox"/> Filed herein is a statement under 37 CFR 3.73(b). (Form PTO/SB/96)</p> <p>2. <input checked="" type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent is in effect.</p> <p>One of boxes 1 or 2 above must be checked. If multiple assignees, complete this form for each assignee. If box 2 is checked, skip the next entry and go directly to "Name of Assignee".</p> <p>The written consent of all assignees and inventors owning an undivided interest in the original patent is included in this application for reissue.</p>		
The assignee(s) owning an undivided interest in said original patent is/are _____, and the assignee(s) consents to the accompanying application for reissue.		
Name of assignee/inventor (if not assigned) J. TAYLOR, B. VILLARET		
Signature 		Date June 15, 2003
Typed or printed name and title of person signing for assignee (if assigned)		

This collection of information is required by 37 CFR 1.172. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.